

## TRANSMITTAL FORM

Attorney Docket No.

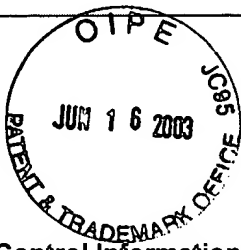
RPS920000058US/1794P

In re the application **Bonomo, et al.**Serial No: **09/677,314**Filed: **September 29, 2000**For: **Method and System for Increasing Control Information from GPIOs**Date: **June 12, 2003**Group Art Unit: **2189**Examiner: **Vo, Tim T.**

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JUN 17 2003

Technology Center 2100



## ENCLOSURES (check all that apply)

|                                     |                                     |   |  |                                     |   |
|-------------------------------------|-------------------------------------|---|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>  | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group                            |
| <input type="checkbox"/>            | After Final                         | <input type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/>            | Information disclosure statement    | <input type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/>            | Form 1449                           | <input type="checkbox"/>  | Drawings   | <input type="checkbox"/>            | Status Letter   |
| <input type="checkbox"/>            | (X) Copies of References            | <input type="checkbox"/>  | Petition   | <input checked="" type="checkbox"/> | Postcard  |
| <input type="checkbox"/>            | Extension of Time Request *         | <input type="checkbox"/>  | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/>            | Express Abandonment                 | <input type="checkbox"/>  | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc      | <input type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln        | <input type="checkbox"/>  | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/>            | Executed Declaration by Inventor(s) |   |  |                                     |   |

## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE    | FEE     |
|--------------------|----------------------------------|---|--------------|---------|---------|
| Total Claims       | 19                               | 20                                      | 0            | \$18.00 | \$ 0.00 |
| Independent Claims | 3                                | 3                                       | 0            | \$84.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |         | \$ 0.00 |

## METHOD OF PAYMENT

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                        |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.           |
| <input checked="" type="checkbox"/> | Charge any fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation) |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |  |
|---------------|--|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature     |  |
| Date          | June 12, 2003                          |

## CERTIFICATE OF MAILING

|  |             |
|--|-------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 12, 2003 |             |
| Type or printed name   | Grace Aljea |
| Signature  |             |